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_____**CARVER CENTER 2014-2015****Department of Parks, Recreation and Community Services/Area Agency on Aging****ANNUAL MEMBERSHIP: \$26.00 Resident/\$39.00 Non-resident****(Membership year = July 1st - June 30th - after January 1st, \$13.00 Resident/\$19.50 Non-resident)**

The minimum age requirement for Senior Programs is 55 years of age. Information provided on this form is kept in a secure environment and used for programmatic and/or emergency information only. Other than the Area Agency on Aging or emergency services, it is not shared with any other organization or individual without your consent.

PLEASE PRINT AND COMPLETE BOTH SIDES OF APPLICATION:**Last Name** _____ **First Name** _____ **M.I.** _____**Date of Birth:** ____/____/19____ **(Preferred).Name** _____
Month Day Year**Please provide e-mail address: (optional)** _____☐

I would like to receive the Carver Connection by e-mail

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I would like to receive flyers and event notices by e-mail

Mailing Address: _____ **Apt #:** _____**Physical Address (if different from mailing)** _____**City:** _____ **County** _____ **State:** _____ **Zip:** _____**Telephone: (Home)** _____ **(Other/Cell)** _____**Emergency Contact Information:****1st Contact Name:** _____ **Relationship:** _____**1st Contact Telephone: (Home)** _____ **(Work/Cell)** _____**2nd Contact Name:** _____ **Relationship:** _____**2nd Contact Telephone: (Home)** _____ **(Work/Cell)** _____**PLEASE CIRCLE APPROPRIATE RESPONSE FOR STATISTICAL PURPOSES:****Annual household income:** For family of one: \$11,670 or Below \$11,671 or Above

For family of two: \$15,730 or Below \$15,731 or Above

Family in Home: Yourself Spouse Dependent Others _____**Gender:** Male Female**Marital Status:** Married Widowed Separated Divorced Single**Race:** African American White or Caucasian Native Hawaiian or Pacific Islander
Asian American Indian/Alaskan Native Two or more races combined
Other _____**Ethnicity:** Hispanic or Latino Origin or Not Hispanic or Latino Origin***please complete medical information on back side and sign***

Medical information is requested for your protection when participating in Loudoun County Senior Programs (including activities, trips and special events). As with all information, rules of confidentiality are followed to protect your privacy. This page also serves as your health form for senior day trips.

PLEASE PRINT:

Last Name _____ Preferred Name _____

Physician's Name: _____ City: _____ State: _____

Physician's Phone: (_____) _____

Overall Health: _____ Excellent _____ Good _____ Fair _____ Poor

All Allergies: _____

All Medical Conditions or Diagnoses: _____

| All Current Medications (include over the counter) | Dose and Frequency (mg./x per day) | Reason Prescribed |
|---|---------------------------------------|-------------------|
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| | | |
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| | | |

Communication: _____ English _____ other (specify) _____
 _____ cannot communicate _____ hearing impaired _____ sign/gestures

Member Agreement:

I recognize that all activities, classes, trips and transportation provided by the Department of Parks, Recreation and Community Services (PRCS) involve some risk and, by registering for a specific activity, I am representing that I understand possible risks involved with this type of activity. Furthermore, I understand that Loudoun County PRCS will not be responsible for me when I am traveling to and from an activity via transportation not provided by the County of Loudoun.

I give permission for Loudoun County PRCS to use photographs and videos of me for publicity in order to increase community awareness of PRCS programs and in publications and other media without limitation.

(If neither yes or no is circled – signature below will imply authorization) ☐ YES ☐ NO

Signature: _____ Date: ____/____/____

The Loudoun County Department of Parks, Recreation and Community Services (PRCS) is committed to complying with the Americans with Disabilities Act (ADA). If you need accommodations in order to participate in PRCS activities, please contact the program/location manager (or PRCS administrative office at 703-777-0343/TTY 711) two weeks prior to the start of the activity.